

HUMAN RESOURCES
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APPLICATION FOR EMPLOYMENT
COUNTY OF TIPPECANOE
20 NORTH 3RD STREET
LAFAYETTE, IN 47901

DATE OF APPLICATION _____ POSITION(s) APPLIED FOR (1) _____
(2) _____
(3) _____

NAME LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER(s) (1) _____ (2) _____

E-MAIL ADDRESS _____

EDUCATION

NAME OF SCHOOL, LOCATION	TYPE OF TRAINING OR MAJOR	NAME OF CERTIFICATE OR DEGREE RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DRIVER'S LICENSE / OTHER LICENSES / CERTIFICATES
REQUIRED BY THE ANNOUNCEMENT**

TITLE OF LICENSE OR CERTIFICATE	NUMBER	DATE ISSUED	DATE EXPIRES
_____	_____	_____	_____
ISSUING AGENCY _____			

TITLE OF LICENSE OR CERTIFICATE	NUMBER	DATE ISSUED	DATE EXPIRES
_____	_____	_____	_____
ISSUING AGENCY _____			

TITLE OF LICENSE OR CERTIFICATE	NUMBER	DATE ISSUED	DATE EXPIRES
_____	_____	_____	_____
ISSUING AGENCY _____			

TITLE OF LICENSE OR CERTIFICATE	NUMBER	DATE ISSUED	DATE EXPIRES
_____	_____	_____	_____
ISSUING AGENCY _____			

SKILLS AND ABILITIES

LIST ANY SKILLS YOU HAVE WHICH ARE REQUIRED BY THE ANNOUNCEMENT

EMPLOYMENT HISTORY

LIST ALL WORK EXPERIENCE - STARTING WITH MOST CURRENT

(1) NAME OF PRESENT / LAST EMPLOYER _____
ADDRESS / CITY / STATE / ZIP _____
TELEPHONE # _____ START DATE _____ END DATE _____
JOB TITLE _____ SALARY _____
NAME AND JOB TITLE OF SUPERVISOR _____
MAY WE CONTACT? ☐ YES ☐ NO REASON FOR LEAVING _____
JOB DUTIES _____

(2) NAME OF NEXT PREVIOUS EMPLOYER _____
ADDRESS / CITY / STATE / ZIP _____
TELEPHONE # _____ START DATE _____ END DATE _____
JOB TITLE _____ SALARY _____
NAME AND JOB TITLE OF SUPERVISOR _____
MAY WE CONTACT? ☐ YES ☐ NO REASON FOR LEAVING _____
JOB DUTIES _____

(3) NAME OF NEXT PREVIOUS EMPLOYER _____
ADDRESS / CITY / STATE / ZIP _____
TELEPHONE # _____ START DATE _____ END DATE _____
JOB TITLE _____ SALARY _____
NAME AND JOB TITLE OF SUPERVISOR _____
MAY WE CONTACT? ☐ YES ☐ NO REASON FOR LEAVING _____
JOB DUTIES _____

EMPLOYMENT HISTORY (continued)

(4) NAME OF NEXT PREVIOUS EMPLOYER _____
ADDRESS / CITY / STATE / ZIP _____
TELEPHONE # _____ START DATE _____ END DATE _____
JOB TITLE _____ SALARY _____
NAME AND JOB TITLE OF SUPERVISOR _____
MAY WE CONTACT? ☐ YES ☐ NO REASON FOR LEAVING _____
JOB DUTIES _____

REFERENCES (Work Related)

(1) NAME, ADDRESS, PHONE# _____
OCCUPATION _____
(2) NAME, ADDRESS, PHONE# _____
OCCUPATION _____
(3) NAME, ADDRESS, PHONE# _____
OCCUPATION _____

GENERAL

HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME,
EXCLUDING JUVENILE COURT AND TRAFFIC VIOLATIONS? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE DATES(S) AND DETAILS _____

ANSWERING, "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.
FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION
AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? ☐ YES ☐ NO

IF YOU ARE UNDER 18 AND IT IS REQUIRED, CAN YOU FURNISH A WORK PERMIT? ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY OF TIPPECANOE? ☐ YES ☐ NO

IF SO, PLEASE PROVIDE DATES, POSITION(S) HELD AND NAME _____

ADDITIONAL INFORMATION AND NOTES

APPLICANT STATEMENT

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN ORDER TO APPLY FOR SECURE WORK WITH THE COUNTY OF TIPPECANOE IS TRUE, COMPLETE AND CORRECT.

I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE TO (1) CANCEL FURTHER CONSIDERATION OF THIS APPLICATION, OR (2) IMMEDIATELY DISCHARGE ME FROM EMPLOYMENT WHENEVER IT IS DISCOVERED.

I EXPRESSLY AUTHORIZE, WITHOUT RESERVATION, THE COUNTY OF TIPPECANOE, ITS REPRESENTATIVES, EMPLOYEES OR AGENTS TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES (PERSONAL AND PROFESSIONAL), EMPLOYERS, PUBLIC AGENCIES, LICENSING AUTHORITIES AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION RESUME OR JOB INTERVIEW. I HEREBY WAIVE ANY AND ALL RIGHTS AND CLAIMS I MAY HAVE REGARDING THE COUNTY OF TIPPECANOE, ITS AGENTS, EMPLOYEES OR REPRESENTATIVES, FOR SEEKING, GATHERING AND USING SUCH INFORMATION IN THE EMPLOYMENT PROCESS AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION ABOUT ME.

I UNDERSTAND THAT THE COUNTY OF TIPPECANOE DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTIONS THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY APPLICABLE LOCAL, STATE OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE COUNTY OF TIPPECANOE RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYEE FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE EMPLOYER IS AUTHORIZED TO MAKE ANY ASSURANCES TO THE CONTRARY AND THAT NO IMPLIED ORAL OR WRITTEN AGREEMENTS CONTRARY TO THE FOREGOING EXPRESS LANGUAGE ARE VALID UNLESS THEY ARE IN WRITING AND SIGNED BY THE APPROPRIATE COUNTY REPRESENTATIVE.

I UNDERSTAND THAT THE COUNTY OF TIPPECANOE RESERVES THE RIGHT TO AMEND OR MODIFY THE PERSONNEL POLICY HANDBOOK AND OTHER COUNTY POLICIES AT ANY TIME, WITHOUT PRIOR NOTICE. THESE POLICIES DO NOT CREATE ANY PROMISES OR CONTRACTUAL OBLIGATIONS BETWEEN THE COUNTY OF TIPPECANOE AND ITS EMPLOYEES.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

THE SUBMISSION OF THIS APPLICATION SHALL SERVE THAT IN LIEU OF MY SIGNATURE THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

DATE

SIGNATURE

**NOTE: IF YOU WOULD LIKE TO SUBMIT YOUR RESUME TO THE
TIPPECANOE COUNTY HUMAN RESOURCES DEPARTMENT
EMAIL IT TO: hrrsubs@tippecanoe.in.gov**

PLEASE INCLUDE YOUR NAME IN THE SUBJECT LINE.